

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90149 022 ****61.25

DOCUMENT # 742583

1. Corporation Name

**LOCKWOOD MISSIONARY BAPTIST CHURCH OF ORLANDO, I
NC.**

Principal Place of Business

16224 OLD CHENEY HIGHWAY
ORLANDO FL 32833-2783

Mailing Address

16224 OLD CHENEY HIGHWAY
ORLANDO FL 32833-2783

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

04/26/1978

4. FEI Number

59-3010427

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MULLINS, RANDY
13808 BELLES LANE
ORLANDO FL 32826

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Randy Mullins Jr

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/99

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PDT**
STREET ADDRESS **PRIEST, JOE**
CITY-ST-ZIP **455 MCLAIN LANE**
ORLANDO, FL 00000TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **HESTER, BILLY**
CITY-ST-ZIP **2155 CELESTIAL STREET**
CHRISTMAS FLTITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **TANNER, JOHN**
CITY-ST-ZIP **3465 PHILLIPS ROAD**
CHRISTMAS FLTITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **MORRISON, ANDREW**
CITY-ST-ZIP **2007 10TH STREET**
ORLANDO FLTITLE ☐ DELETE
NAME **D**
STREET ADDRESS **JONES, GENE**
CITY-ST-ZIP **777 LOCKWOOD DRIVE**
ORLANDO, FL 00000TITLE ☒ DELETE
NAME **DT**
STREET ADDRESS **BOULWARE, ROB**
CITY-ST-ZIP **930 POINSETTA DR**
CHULUOTA FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **POD**
1.3 STREET ADDRESS **JOHN TANNER**
1.4 CITY-ST-ZIP **3465 Phillips Road**
CHRISTMAS, FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **VP**
3.3 STREET ADDRESS **Priest, Joe**
3.4 CITY-ST-ZIP **455 Mclain Lane**
Orlando, FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **DT**
6.3 STREET ADDRESS **Mullins, Randy**
6.4 CITY-ST-ZIP **13808 Belles Ln**
Orlando, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Randy Mullins Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/14/99
Date407-282-8982
Daytime Phone #

CR2E037 (11/98)